



Local Government/School District Partnership Program
2001-2002 Monthly Activity Report Summary Form

Agency Name: _____
Agency Contract Number: _____
Month/Year of Activity Report: _____

Total Number of Safe Schools Violations this Month: _____
Total Number of Complaints/Reports Taken this Month: _____
Total Number of Complaints/Reports Cleared this Month: _____
Total Number of Arrests this Month: _____
Total Number of Citations this Month: _____

Total Number of Presentations this Month: _____

Report Statistics

	<u>Current Month</u>	<u>Year-to-date Reported</u>	<u>Year-to-date Cleared</u>
Assaults	_____	_____	_____
Drug Offenses	_____	_____	_____
Weapons Offenses	_____	_____	_____
Sexual Offenses	_____	_____	_____
Theft Offenses	_____	_____	_____
Other Crimes Against Person	_____	_____	_____
Other Crimes Against Property	_____	_____	_____
Other Crimes	_____	_____	_____

*** Please submit this form on with your monthly Report of Expenditures and Detail forms, as well as your regular monthly report. ***